FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET 10/030142 (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. INC <u>5</u>1 <u>15</u> :4 :7 :8 :9 .1 .2 7. ô FAL TOTAL TOTAL **SET 10** MAY BE \_\_ED POR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE

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